



**UTAH IMMUNIZATION PROGRAM
UTAH VACCINES FOR CHILDREN PROGRAM
VACCINE RETURN FORM
(Form Instructions on Back)**

1. Date Submitted	2. VFC Identification Number (PIN)	3. Telephone Number ()
4. Name of Clinic or Provider		
5. Contact Name		

6. Vaccine	7. Lot Number	8. # of Doses	9. Expiration Date	10. Reason Returned*
1.				A B C D
2.				A B C D
3.				A B C D
4.				A B C D
5.				A B C D
6.				A B C D
7.				A B C D
8.				A B C D

10. Reason Returned* **(Circle applicable letter in table):**

A. Expired

B. Damaged in Shipment

C. Viable vaccine transferred to another provider _____
(Name and pin number of **VFC** provider receiving viable vaccines)

D. Spoiled (Give a brief explanation): _____

Mail to: Utah Department of Health Immunization Program P.O. Box 142001 Salt Lake City, Utah 84114
Phone Number: (801) 538-9450

PROCEDURE FOR VACCINE RETURN

General Notes on Vaccine Use and Return

- Notify the Immunization Program immediately of any vaccine losses.
- If a loss was due to failure to follow established vaccine handling procedures, you will be asked to reimburse or replace the wasted product.
- For information on established procedures, refer to the information included in the VFC packet. If further vaccine management information is needed, a copy of the CDC's *Safe Handling and Storage of Vaccines* is available upon request.
- Return only those vaccines that were received from the Immunization Program. Returned vaccines from private stock will not be accepted.
- Use vaccines through the printed expiration date. If an expiration date is month and year only, it is viable until the last day of that month.
- If you determine that you will not be able to use a vaccine before the printed expiration date, **call** the VFC Program at least **90 days** before the vaccine expires.
- Please include this form with any shipment of returned vaccines.
- Any additional questions may be addressed by calling the VFC Program at (801) 538-9450.

Instructions for Filling Out the Vaccine Return Form

1. *Date Submitted* – Date provider submits form to the VFC program
2. *VFC Identification Number (Pin)* -- Provider number assigned by VFC Program – **Please use on ALL vaccine returns**
3. *Phone Number* – Please include area code with telephone number
4. *Name of Clinic or Provider* – Name of clinic or provider enrolled in the VFC program
5. *Contact Name* – Name of individual to whom questions from the VFC program should be directed
- 6-8. *Vaccine, Lot Number, Expiration Date* - Name, lot number, and expiration date of returned vaccine
9. *# of Doses* – Number of doses being returned to the VFC Program
10. *Reason Returned* – Please circle the correct reason in the table provided and give a brief explanation as indicated.